

# 2012 GRANT Pre-Application

## GENERAL INSTRUCTIONS:

- I. Complete all pages and enter responses in all fields.
- II. Required fields are marked with a \*

## Section A - Organization Information

1 - Short Name or Common Acronym *	LINC	
2 - Operating Name *	Living Independence Network Corporation	
3 - Legal Name *	Living Independence Network Corporation	
4 - Physical Address #1 *	1182 Eastland Drive N Suite C	
5 - Physical Address #2		
6 - Physical City *	Twin Falls	
7 - Physical State *	Idaho	
8 - Physical Zip *	83301	
9 - Mailing Address same as Physical Address? *	<b>YES</b>	
10 - Mailing Address #1		
11 - Mailing Address #2		
12 - Mailing City		
13 - Mailing State		
14 - Mailing Zip		
15 - Business Phone #1 *	208-733-1712	
16 - Business Phone #2		
17 - Business Fax	208-733-7711	
18 - Business E-Mail	<a href="mailto:mheinrich@lincidaho.org">mheinrich@lincidaho.org</a>	
19 - Home Page / Web Address	<a href="http://lincidaho.org">lincidaho.org</a>	
20 - What date was this organization formed?	LINC was founded in 1989	
21 - Established RPTA? *	<b>NO</b>	
22 - What counties does this organization currently serve?	Jerome, Twin Falls, Camas, Canyon, Cassia, Elmore, Ada, Adams, Gem, Gooding, Lincoln, Minidoka, Owyhee, Payette, Valley, Washington, Blaine, Boise,	
23 - What FTA Programs are associated with each county?	LINC provides services in Twin Falls, Jerome, and Gooding Counties using 5310, 516, and 5317	
24 - Congressional District Entity Resides in *	<b>2ND DISTRICT</b>	
25 - Congressional District Served *	<b>BOTH</b>	
26 - List the Local Mobility Networks (LMMN) you are currently serving? *	4B	
27 - DUNS Number *	78-861-2927	
28 - Employer ID # EIN *	82-0426465	
29 - Current By Laws? *	<b>YES</b>	Upload a copy with your Pre-application
30 - Current Audit? *	<b>YES</b>	Upload a copy with your Pre-application
31 - Current Drug/Alcohol Policy? *	<b>YES</b>	Upload a copy with your Pre-application
32 - Do you Use a Cost Allocation Methodology? *	<b>YES</b>	

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Describe the Methodology (500 Characters Maximum)	<p>Indirect Cost Allocation Methodology: All non-specified program expenses use the indirect cost allocation for the current fiscal year either by individual staff member or by office, excluding expenses that are directly prohibited. The allocation is determined by an annual review of all staff time spent on each program, and time spent by office location. All staff members track their actual working hours and report, in increments of 15 minutes, their time spent on each program LINC directs and any general program time. LINC uses the prior years' historical hours by program to calculate the percentage of time spent on each program, with the greatest importance placed on the prior year's percentage by program. New programs are considered when setting the new fiscal year's indirect cost allocation, using our best conservative estimation of each staff member's time necessary to complete the program, including LINC's working history of new programs and their needs. An indirect cost allocation is established for each staff member. Once the staff member's allocation is established, the allocation by office is calculated by an average of all staff member's allocation within each office, which results in an Office Indirect Cost Allocation (OICA). Any calculation that result s in a value less than 1% are reduced to 0%, as the number of hours actually worked is generally below 20 hours over a twelve month period of time.</p> <p>All direct expenses are 100% expensed to the program. The cost allocation by staff member is used for all indirect expense amounts that can be identified to a specific staff member, such as payroll. Where a specific amount cannot be established to an individual staff member, the OICA is used in its place, such as utilities. The majorities of LINC's purchases/services are identifiable as direct expenses, and therefore does not use the indirect cost allocation.</p>
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33 - Do you have a Board of Directors?	<b>YES</b>	Upload a list of your Board members and meeting schedule with
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34 - Do you currently have a Vehicle Replacement Plan?	<b>NO</b>	
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35 - Agency Type *	<b>Private Non-Profit</b>	
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 **\*Mandatory!!** Private non-profit applicants must attach a copy of their IRS Letter of Determination for 501(c)3 non-profit status to their submitted Pre-Application

35 - Number of volunteer drivers (annual total)	
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36 - Number of personal vehicles in service (annual total)	
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37 - Average Trip Length (miles)	
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38 - TEAM Recipient ID#	
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39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	Living Independence Network Corporation (LINC) is a private non-profit nonresidential Center for Independent living, providing Advocacy, Peer Support, Information and Referral, and Independent Living Skills, to people with disabilities. We also provide Assistive Technology, medical equipment, benefits counseling and in the Twin Falls office we provide a purchase of service transportation program. We work with people to provide system and attitude change regarding people with disabilities.
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40 - Governing Board Meeting Schedule * (500 Characters Maximum)	LINC's board meets every quarter, the next board meetin will be 1/26/2012. That will be the first meeting of the year. That is the meeting where the schedule for the year will be set. We will be happy to provide you with the meeting schedule as soon as it has been set.
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### Section B - CERTIFICATIONS AND ASSURANCES

#### Instructions:

There are Certifications and Assurances that apply to sub-recipients receiving federal funding. The Sub-recipient's Board Chair or designated individual must indicate the organization is willing to comply with the applicable certifications, assurances, and procedures in order to receive federal funding. These documents are available for download from the internet at: <http://i-way.org/Tool%20Box/documentlibrary> under the heading of **Federal Transit Administration (FTA) Documents & Links**.

1 - Will the organization comply with applicable certifications, assurances, and procedures?	
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YES, the organization is willing to comply with any applicable certifications, assurances, and procedures.	<b>YES</b>
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NO, the organization is NOT willing to comply with the applicable certifications, assurances, and procedures.	
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(NOTE: NO means you will not be eligible to receive funding.)	
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**Please note:** a subrecipient of the State of Idaho is required to comply with certain pass-through requirements. Here are the references:

**Audits** (Procedure M-2010-20), **Open Meeting** (Procedure M-2010-19) <http://i-way.org/Mobility%20Funding/procedures>

**Procurement** <http://adm.idaho.gov/adminrules/rules/idapa38/0501.pdf>  
[http://www.fta.dot.gov/funding/grants\\_financing\\_6036.html](http://www.fta.dot.gov/funding/grants_financing_6036.html)

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State Meeting and Travel <http://www.sco.idaho.gov/web/sbe/sbweb.nsf/pages/trvlpolicy.html>

## Section C - RESOURCE & COMMUNITY COORDINATION

1 - Do you share resources in any significant way with other agencies (e.g., maintenance/ mechanics, vehicles, staff/drivers, facilities, marketing, insurance, fuel purchases, training, bilingual programs, etc.)? If yes, provide a brief description. \* **YES**

Description (700 Characters Maximum)	LINC has a bus that we provide to Trans IV to use. We have an MOU where Trans IV provides all the maintenance and up keep, and they use the bus to assist people with disabilities and seniors, and we are able to use the bus as needed.
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2 - Have you realized any measurable or quantifiable savings in costs directly through, or as a result of, your coordination efforts? If yes, provide a brief description. \* **YES**

Description (700 Characters Maximum)	The costs savings to LINC is we do not have to provide the maintenance and still have a bus we can use as we need it. Trans IV has a bus to provide greater service.
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3 - Describe your efforts to work with other organizations, agencies, businesses, and other appropriate community interests in order to provide service (e.g., employers, medical centers, social service agencies, visitor services, activity centers, etc.). \* (Enter N/A if not applicable)

Description (500 Characters Maximum)	(This area is currently blank)
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## Section D - PROJECT INFORMATION

1 - In which state(s) will your project provide service? *	<input checked="" type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> Nevada
	<input type="checkbox"/> Oregon	<input type="checkbox"/> Utah	<input type="checkbox"/> Washington
	<input type="checkbox"/> Wyoming		

2 - Strategy Number \* 4C L013

3 - Strategy Name \* Provide Capital Acquisition as needed to Support Strategy 4C L005

4 - Project Name \* 5317 capital 4-C

5 - Please describe your project * (500 Characters Maximum)	LINC has provided a purchase of service program for many years in Twin Falls County and in the last year we started providing services in Jerome County. We are hopeful to be funded with a purchase of service program in the Burley-Rupert Area. Our experience with this type of project is that it is very labor intensive; with this grant we would like to purchase smart cards and equipment to run this program
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6 - What mode will this project use? *	Taxi	
7 - Which funding program do you intend to apply for? *	5317	
8 - List the Districts this project will serve. *	District 4	
9 - List the Local Mobility Networks (LMMN) this project will serve. *	LMMN 4C	
10 - Is this project dependent on any of your other projects? *		NO
Identify the other projects that this one is dependent on. (500 Characters)		
11 - Are you submitting other projects as options for this strategy? *		NO
Identify the other projects that are options to this strategy. (500 Characters)		
12 - Does this project directly interconnect with other mobility options? *		NO
Identify the other mobility options. (500 Characters)		

### Section E - Required Documents to Be Submitted With Application - Checklist

**Instructions:**

Update the entry for each document to show a status of 'Included' as documents are prepared for uploading.

1 - Current Bylaws	• If Applicable	Included
2 - Current Audit	• For any companies which historically have received Federal funds - most recent audit. • For all other companies, audit report will be provided on anniversary date of grant agreement.	Included
3 - Drug Alcohol Policy	• If Applicable - You will need this if you are applying for 5311 funds.	Included
4 - Board of Directors Information	• Meeting Schedule • Board Contact Information	Included
5 - Vehicle Replacement Plan	• If you are purchasing a new vehicle, you will need to have a replacement plan.	Not Included
6 - IRS Letter of Determination for 501(C)3 non-profit status	• If Applicable	Included

### Section F - Signature

By typing your initials in the box to the right you are verifying that you have read, understood, and agreed to all the requirements of this pre-application. This mark will act as your electronic signature:

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Name and Title	Melva Heinrich, Twin Falls Director	Date	1/19/2012
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